

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. 101019358 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6						
7	2					
8						
9						
10	/					
11						
12	2					
13	2					
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50						
TOTAL IND.	6					
TOTAL DEP.	22	22	22	22	22	22
TOTAL CLAIMS	28					

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TOTAL DEP.					
TOTAL CLAIMS					